IOWA STARBASE LEADERSHIP CONFERENCE STAFF APPLICATION

(Applicants Must Be 18 Years Or Older To Apply)

1. Full Name:		
(Last)	(First)	(Middle Name)
2. Current Mailing Addr	ess:	
_	(Street No.)	(City, State, Zip)
3. Phone: ()		Daytime
()		Evening
4. Permanent Address:		
(Street No.)	(City, State,Zip)
5. Permanent Phone: (_)	
6. Phone to be reached March 5 - 9 (_)	
7. In case of emergence	y contact:	
	Phone:	
8. E-Mail Address		
9. Social Security Numb	oer:	
10. Do you have a valid	driver's license: \	res No
Driver's License Nu	mber: Ex	xpiration Date:
State:		
11. Position you are app	olying for:	

Educational Background:

HIGH SCHOOL	FROM	то	MAJOR	GRADUAT	TED (Y/N)
COLLEGE/UNIVERSITY	7			TYPE OF	DEGREE
12. Employment Reco	ord:				
List Most Current Employer First (Supervisors name)	FROM	ТО	ТҮРЕ О	F WORK	PHONE
13. List any skills, qu that you are apply		s, or (certifications	s relating to	the position
14. Are you now or ha	-				
Iowa National Gua 15. List any additiona (Include age/grad	ıl experien	ce w	orking with o		
16. Have you ever bee	en convicte	ed of	a felony? Ye	es N	No

prison for a r	nisdemeano	or, which was not a f	onvicted of, or releas first offense, for drur ation, or disturbing t	nkenness,
Yes	No			
		es you are applying anultiple camps):	to work (preference	is given to
17 - 2	22 June	24 - 29 June	8 - 14 July	
15 - 2	20 July	22 - 27 July	29 July – 3 A	ug
session at Ca	ımp Dodge f vailable at no	rom June 11 th throu	d a weeklong paid tra igh June 15 th , days o icts need to be coord	nly.
20. What i	is your tea	aching philosoph	y?	

21. Describe two of your teaching strategies.		
22. Describe your organization	al strategies.	
23. APPLICATIONS MUST BE RECEIVE February	ED BY OUR OFFICE NO LATER THAN: / 26, 2001	
24. Send your application and resume	to: Iowa STARBASE 7700 NW Beaver Drive Johnston, Iowa 50131-1902	
For further information contact:		
Gina Yanders, Instructor	1-800-294-6607 Ext. 4737 or 515-252-4737	
Sara Crane, Instructor	1-800-294-6607 Ext. 4025 or 515-252-4025	

ALL APPLICANTS ARE ELIGIBLE TO COMPETE FOR POSITIONS WITHOUT REGARD TO RACE, NATIONAL ORIGIN, GENDER, CREED, RELIGION, AGE, OR DISABILITY.

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

(FULL NAME)	, (SOCIAL SECURITY
IUMBER) To hereby authorize a review of ar towa STARBASE, whether the said	, (DATE OF BIRTH), nd full disclosure of all records concerning myself to d records are of public, private or confidential nature.
nd/or possession of that informating disposition data which may extend that within eighteen (18) months a action was taken against me as mob) (3); OR b) any information perta	horizes lowa STARBASE to have access to, use of, tion pertaining to me and which includes: a) xist pertaining to any arrest (including information or after such arrest) regardless of whether any legal or civil ore specifically defined in lowa Code Section 692.2 (1) aining to the successful completion of a probationary ment as more specifically defined in lowa Code 692.2 (1)
his authorization further specificate, and/or possession of:	ally authorizes Iowa STARBASE to have access to, use
Sections 232.147 throu b. Child abuse informatio c. Dependent adult abuse d. Criminal history and in e. Sex offender registry ir f. Presentence investigat g. Corrections records main h. Community-based corr i. Parole records maintai j. Deferred judgement, de maintained under chap k. Violation of parole or p	on under lowa Code Sections 235A.19. The records maintained under chapter 235B. The records maintained under chapter 692. The records maintained under chapter 692. The reports maintained under section 901.4. The records maintained under section 904.602. The records maintained under chapter 905. The records under chapter 906. The records or suspended sentence, and probation records
that I have read and unders obtain and use the informa information concerning me obligated to either sign this I understand that by signin	elow, I, represent stand that I am giving to Iowa STARBASE the right to ation described above. I understand that such e is potentially sensitive and that I am in no way is authorization or to provide the requested information. In this authorization I fully, freely, knowingly and ARBASE access to and use of the information described
Signature of Applicant	Date